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## \*\* CONTINUING DATA \*

This appln claims benefit of 60/331,370 01/29/2001 ABN

## \*\* FOREIGN APPLICATIONS \*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 02/26/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MD	SHEETS DRAWING 0	TOTAL CLAIMS 32	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE <i>PS</i>	INITIALS <i>PS</i>		
Verified and Acknowledged				

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## TITLE

5HT1a Receptor subtype agonist

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
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